



South Dakota Board of Nursing  
 4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115  
 (605) 362-2760 ♦ Fax: 362-2768 ♦ WWW.STATE.SD.US/DOH/NURSING

## CERTIFICATION VERIFICATION FORM

**Applicant, complete items 1 – 8 on this form then forward to certification organization.**

*Please Print*

1. Name, First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
2. Other names previously used: \_\_\_\_\_
3. Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street/PO Box
4. Name of Certification Organization \_\_\_\_\_
5. Certification # \_\_\_\_\_ Expiration Date \_\_\_\_\_
6. Certification status (check one):    ☐ Initial certification verification    ☐ Recertification verification
7. Certification type (check one):    ☐ CRNA    ☐ CNS    ☐ CNM    ☐ CNP
8. Consent to *Release Information* to the South Dakota Board of Nursing:

I authorize the above named certification organization to disclose information regarding the identification, evaluation, and certification of the above named applicant that is maintained by the above named certification organization to the South Dakota Board of Nursing. I authorize the South Dakota Board of Nursing to utilize this information as needed for validation, investigation, litigation, discipline, or agreements concerning my nursing license. This authorization to release requested information shall expire at my written request. A copy of this request shall be as effective as the original.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**Certification Organization: complete below then forward to South Dakota Board of Nursing at address above.**

NAME OF CERTIFICATION ORGANIZATION _____	
Certification # _____	<b>Date of Current Certification Maintenance Cycle/Recertified through:</b> _____
Certification type: <input type="checkbox"/> CNM <input type="checkbox"/> CRNA <input type="checkbox"/> CNS– specialty area _____ <input type="checkbox"/> CNP– specialty area _____	
Is certification current? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain on a separate paper)	Has certification lapsed? <input type="checkbox"/> YES (Please explain on a separate paper) <input type="checkbox"/> NO
Has certification been revoked? <input type="checkbox"/> YES (Please explain on a separate paper) <input type="checkbox"/> NO	Is certification provisional/conditional in any manner? <input type="checkbox"/> YES (Please explain on a separate paper) <input type="checkbox"/> NO
_____ / _____ Name/Signature of person completing form                      Title                      Date	